



A guide to compassionate, inclusive and accessible language for MHPSS in humanitarian settings.

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Using compassionate, inclusive, and accessible language in MHPSS is essential to promote dignity, inclusion, healing, and reduce stigma—especially in humanitarian settings. The way we talk about mental health can either build trust or create barriers to care.

According to the <u>Inter-Agency Standing Committee (IASC) Guidelines for MHPSS in Emergency Settings</u>, using clinical or diagnostic terms outside medical contexts may alienate individuals or reinforce stigma, particularly where services are limited.

Focusing on people's experiences, strengths, and resilience—rather than labels—helps create safe, culturally sensitive environments and encourages greater understanding and uptake of MHPSS services.



Recognised Definitions

Mental health – the World Health Organisation (WHO) defines this as a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.

Psychosocial – the Inter-agency Network for Education in Emergencies (INEE) defines this as interaction between psychological and social aspects that a person experiences which affects their well-being. This is inclusive of how we think, feel, or behave, and our social connections, relationships, and cultural contexts.

Mental health and psychosocial support (MHPSS) – the IASC Guidelines for MHPSS in Emergency Settings defines this as a composite term describing services or activities that protect or promote psychosocial well-being and/or prevent or treat mental health conditions.

Community-based MHPSS (CBMHPSS) - focuses on the strengths, needs, and active participation of individuals and communities affected by forcible displacement in design and delivery of support. It offers culturally relevant and accessible activities—like psychological first aid, peer support, creative expression, and vocational training—that support well-being, resilience, and social connection. CBMHPSS prioritises prevention, early support, and integration with services such as health and education, fostering local ownership, reducing stigma, and strengthening long-term recovery.



Recommended Terminology

When using the correct terminology, we can empower individuals and communities affected by forcible displacement and decrease stigma that is already commonly associated with mental health conditions or psychosocial distress. We recommend using the following terminology.

Well-being	Widely refers to a positive state of physical, mental, and social health that is defined by the individual's experience and interpretation. It is dynamic and can be assessed through feelings of belonging and social connection, ability to cope, ability to complete daily tasks, amongst other variables.			
Distress	A feeling of intense suffering caused by difficult circumstances which can encompass a range of emotional, physical, social and cognitive reactions. Commonly reported feelings include anxiety, fear, anger, sadness, and grief. It is normal for people to experience distress because of displacement, and early and appropriate interventions can help people cope.			
Resilience	The ability to cope and recover from adversity. People have an innate ability to be resilient. Psychosocial support can promote resilience for individuals, families, and communities.			



Community-Based	Promotes active participation of communities in designing and implementing relevant MHPSS activities.				
Community-led	Goes beyond community-based and describes a process where communities are leaders in identifying needs, creating solutions, acting as implementors, and having ownership over evaluating impact of MHPSS interventions in their own communities.				
Cope/coping	The ability to deal with or have the appropriate resources to manage the type and amount of stress experienced.				
Daily Stressors	The on-going, persistent conditions that threaten wellbeing, including lack of access to basic needs, education, livelihoods religious observances, as well a xenophobia, racism, discrimination isolation, and often causes significant amounts of distress.				
Multi-layered services	Referring to the IASC MHPSS intervention pyramid and the 4 areas of MHPSS work that are needed to ensure individuals, families, and communities can recover from forcible displacement. The layers include (1) Basic Services and security, (2) Community and Family Supports, (3) Focused, non-specialised support, (4) Specialised Services.				



Support	Commonly used to describe the types of
	services we provide. It can be linked with an
	additional descriptor such as, 'psychosocial
	support,' 'peer support,' etc.

Keeping these essential communication tips in mind, consider adjusting language and terminology when discussing MHPSS to avoid common stereotypes and biases. In humanitarian settings, a psychosocial and human rights approach to MHPSS recognizes the inherent dignity of individuals, addresses the social determinants of distress, and promotes equitable access to culturally appropriate care while safeguarding protection and agency.

Instead of	Use			
Trauma	Distress, anguish, psychological and social			
	effects, emotional suffering,			
Traumatic events	Adverse/terrifying/horrific/shocking/life-			
	threatening/overwhelming/crisis events			
Traumatised people	Severely distressed people, people			
	exhibiting signs of			
	distress/suffering/overwhelm			
Trauma healing	Mental health and psychosocial support			
People suffering from	People experiencing, people living with			
Symptoms (unless linked to a clinical	Reactions to difficult situations, people			
diagnosis)	with extreme/severe reactions to the			
	emergency			



Mental disability, mental illness, mental disorder, pathology	Mental health condition, psychosocial disability, emotional or psychological challenges, difficulties related to mental well-being				
Victims	Survivors, people affected, Individuals with lived experience, people experiencing people living with				
Treatment	Support, care, services, assistanc psychosocial accompaniment				
Counselling	Psychosocial support - unless the service clearly articulated as counselling, wh JRS does infrequently				
Therapy	Activity, psychosocial support, support, unless clearly aligning with a clinical intervention which JRS does rarely (ex. Instead of art therapy, use art activities)				
Patient (in non-clinical setting)	Participant, individual receiving support, community member seeking care, people with lived experience, affected population				
Normal (vs. abnormal)	Typical or expected in the context, common under the circumstances				
Addict	Person who uses substances, individual experiencing substance dependence				
Committed suicide, failed suicide attempt, suicidal tendencies, suicidal person	Died by suicide, attempted suicide, suicidal thoughts, suicidal ideation, person with lived experience				



Retarded	Person with intellectual disabilities,				
	individual with developmental delays				
Cured	Recovered				
Beneficiary/beneficiaries	Depending on the context:				
	Participants – emphasises active				
	involvement.				
	Community members – highlights				
	belonging and inclusion.				
	People we serve – relational and respectful.				
	Individuals and families – humanising and				
	clear.				
	Clients – suitable in MHPSS/clinical				
	settings.				
	Rights-holders – grounded in a human				
	right, based approach.				
	Affected population – common in				
	emergency/humanitarian settings.				
	Target group – technical, useful in project				
	design/MEAL.				
	Survivors – when referring to GBV or				
	trauma-informed contexts.				
	Children / youth / caregivers / teachers -				
	specify groups instead of using generic				
	terms.				
	Service users – reflects participation and				
	agency.				



Additional Resources related to MHPSS

Mental Health Europe. (2024). *Mental health Europe's glossary (2024 edition)*. https://www.mentalhealtheurope.org/wp-content/uploads/2025/02/Mental-Health-Europes-Glossary-2024-edition-FINAL.pdf

Inter-Agency Standing Committee. (2007). *IASC guidelines on mental health and psychosocial support in emergency settings*.

<a href="https://interagencystandingcommittee.org/sites/default/files/migrated/2020-11/IASC%20Guidelines%20on%20Mental%20Health%20and%20Psychosocial%20Support%20in%20Emergency%20Settings%20%28English%29.pdf

Poland MHPSS Technical Working Group. (n.d.). *Essential concepts and best practices for mental health and psychosocial support (MHPSS): Ukrainian refugee response.* https://chat.openai.com/share/file-HXEehNREkgTa5Q5t7bWP25